PTO/SB/51 (05-08)
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REISSUE APPLICATION DECLARATION BY THE INVENTOR	Docket Number (Optional) CSUR.01USR1					
	CGOR.UTORY					
I hereby declare that: Each inventor's residence, mailing address and citizenship are stated below. I believe the inventoris ragined jestow to be the original and first inventor(s) of in patient number 3,959,1574. I	the subject matter which is described and claimed len 28. 1999					
is attached hereto. May 25, 2001	09/865,469					
was filed on Nilay 25, 2001 as reissue application number 09/053,469						
and was amended on <u>December 23, 2003, Aug</u> ust 5, 2	004, August 11, 2008, February 6 2009					
August 10, 2009, September 10, 2009, October	16, 2009, and December 17, 2009.					
I have reviewed and understand the contents of the above-identified specifical amendment referred to above. I acknowledge the duty to disclose information which is material to patentability.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), of equivalent) listing the foreign applications.						
I varily believe the original patent to be wholly or partly inoperative or invalid, below. (Check all boxes that apply.)	for the reasons described					
by reason of a defective specification or drawing.						
by reason of the patentee claiming more or less than he had the right to claim in the patent.						
by reason of other errors.						
At least one error upon which reissue is based is described below. If the reiss reissue, such must be stated with an exptanation as to the nature of the broad	ue is a broadening lening:					
Claim 1 is incorrect because it is directed to non-statutory Every error in the patent application which was corrected and which is not covered by prior declarations submitted i deceptive intention on the part of the applicant.	in the present reissue application.					

This collection of Information is required by 37 CFR 1.175. The information is required to abbit or reptain a bornefit by the public which is to fise (and by the 105FTO to process) an application. Confidentially in governed by 38 LI.S.C. 122 and 37 CFR 1.11 and 1.11. This collection is estimated to bits 20 minutes to complete, including publishing, unpressing, and submitted in the completed application from the to LEGYOT. There will very depending upon the influent acces. Any comments to complete, including publishing, and the complete application from the to LEGYOT. There will very depending upon the influent case. Any comments of the complete application from the total CPUT. The well very depending upon the influent case. Any comments of the comments of

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(REISSUE APPLICATI	Docket Num LICATION DECLARATION BY THE INVENTOR, page 2) CSUR.01USR1							ional)	
All errors corrected in t	this reissue application arose withou	ut any decep	tive intentic	n on th					
Note: To appoint a power of attorney, use form PTO/SB/81.									
Correspondence Addre	ess: Direct all communications about	ut the applica	tion to:						
	s associated with Customer Number: 27479								
OR		21415							
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	W.	ARNING		L					
Petition-drapplicant is cautioned to avoid submitting personal information in documents field in a patient application that may contribute to identify their. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO is support a patient or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information is included in documents before submitted to the USPTO, petitioners/applicants should consider redacting such personal information in the documents before submitting and the personal information of a patient. Supplication is available to the public application is available to the public application and application is available to the public application and									
Aubrey B. Poore, Jr.									
Inventor's signature	3 Peore	Dete	22 July 2011						
Residence A L	Dr., Fort Collins, CO 80525-9324	4 Citize	nship d States		8				
Mailing Address									
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Full name of second joint inventor (given name, family name)									
Inventor's signature		Date							
Residence		Citize	nship						
Mailing Address									
Additional joint inventors or legal representativo(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.									